

## Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee PETER Son Fin DIBLIN			
U.S. POST 4FILE		Date (MM/DD/YYYY)  15 (26 ) 17	Amount 490.60
715 SHAWAN FAUS DR.	Purpose PDSTA DE		
DUB LIN	State Z	Tip Code 43017	Check Number
To Whom Paid  STAPLES		Date (MM/DD/YYYY)  D 26 17	Amount SS.SD
Street Address 3680 W. DUBLIN GRANNILLE RD PUTPOSE AFILE SUPPLIES			
Columbus	l i	Cip Code 43235	Check Number
To Whom Paid  MATT DDLE		Date (MM/DD/YYYY)	1,878.21
Street Address 26 J 67 6250 57.	Purpose	LONSULT. 4, CAN	mpale materials
NEWARY	1	U3051	Check Number
V.S. POST OFFILE		Date (MM/DD/YYYY)	Amount 147 - 66
Street Address 715 SHAWAN FALLS D2.	Purpose Posta GE		
City	1	tip Code <b>リカリ</b>	Check Number
TO Whom Paid  OFFILE PEROT WEFILE MAX		Date (MM/DD/YYYY)	Amount 34.38
Street Address 5780 BRITTON PLLOY.	Purpose DFF1 LE	SUPLIES	
City	State Z	(ip Code <b>V3D い</b>	Check Number